

JOB AID

Adding a Service Location and Affiliating an Individual Provider Record to a Group/Organization in NCTracks

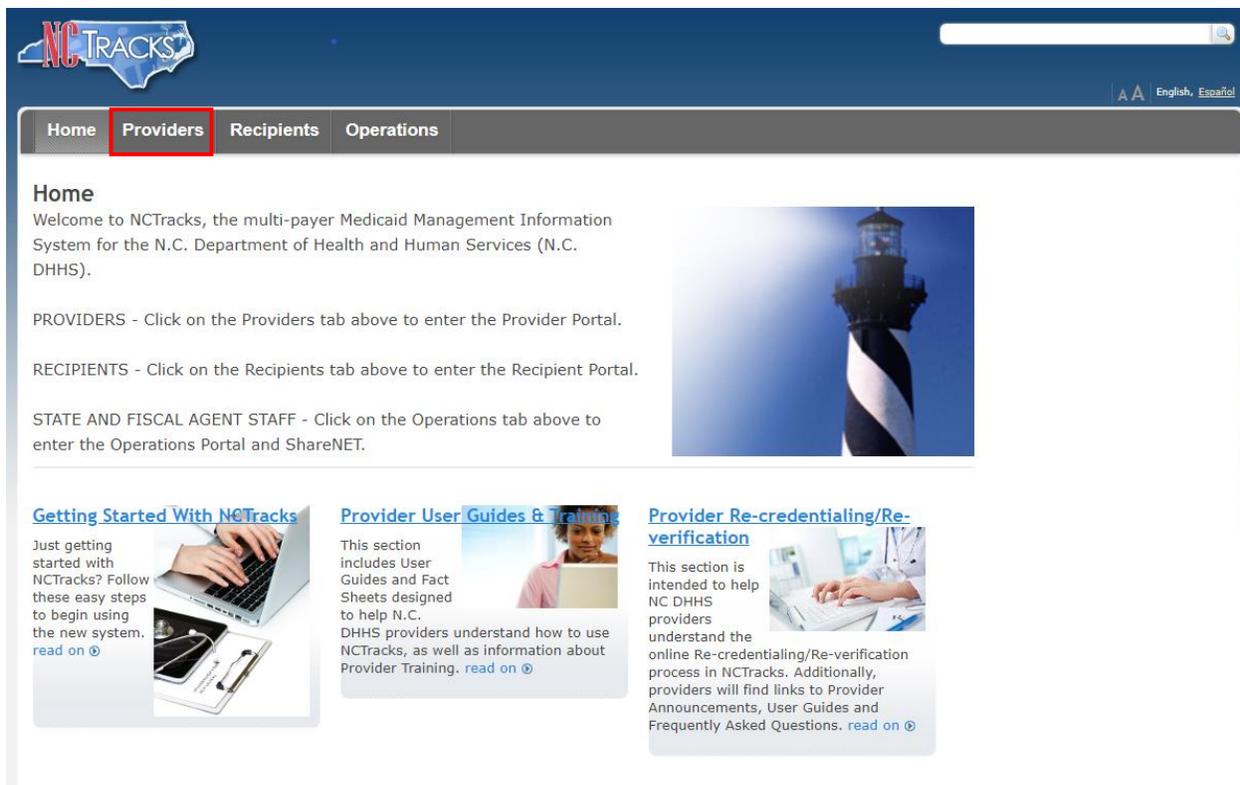
OVERVIEW

The process of adding a service location and affiliation allows a group or organization to bill and receive payments on behalf of an individual Rendering/Attending provider in the NCTracks system. The service location and affiliation are managed by the individual providers by using the Manage Change Request process. This Job Aid provides step-by-step instructions for adding a service location and affiliating an individual provider record to a group/organization provider record in NCTracks.

Note: Certain types of changes will route the application to CSRA for review and approval. For example, adding a taxonomy requires credentialing; adding a new managing employee requires completion of a background investigation.

LOGGING INTO THE PROVIDER PORTAL

1. Navigate to www.nctracks.nc.gov.
2. The **NCTracks Home** page displays. Select the **Providers** tab at the top of the page.



The screenshot shows the NCTracks Home page. At the top left is the NCTracks logo. A navigation menu contains 'Home', 'Providers', 'Recipients', and 'Operations', with 'Providers' highlighted. Below the menu, a 'Home' section welcomes users and provides instructions for navigating to the Provider Portal, Recipient Portal, and Operations Portal. Three informational cards are displayed: 'Getting Started With NCTracks' (with an image of a laptop and smartphone), 'Provider User Guides & Training' (with an image of a person at a computer), and 'Provider Re-credentialing/Re-verification' (with an image of a person at a computer).

Exhibit 1. NCTracks Home Page

3. The public **Providers** page displays. Select the **NCTracks Secure Portal** icon.

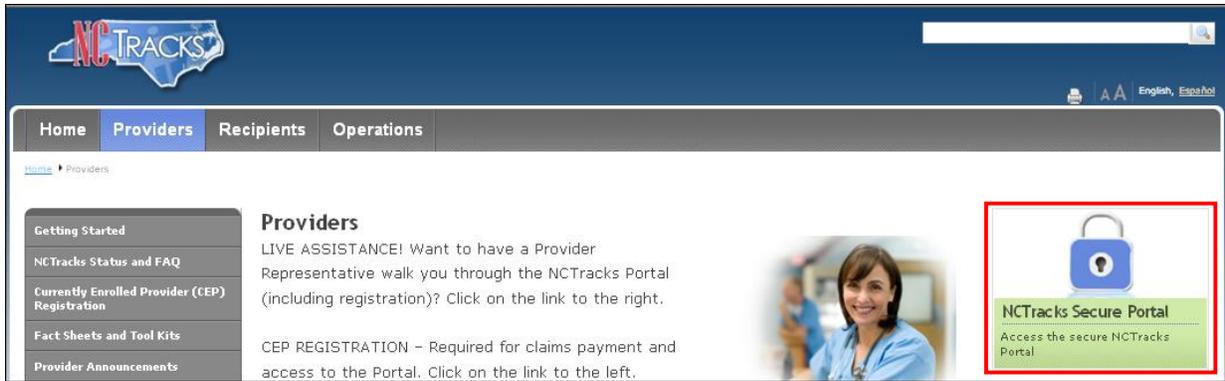


Exhibit 2. Public Providers Page

4. The **Provider Portal Login** page displays. Enter the **NCID** and **Password** and select the **Log In** button.

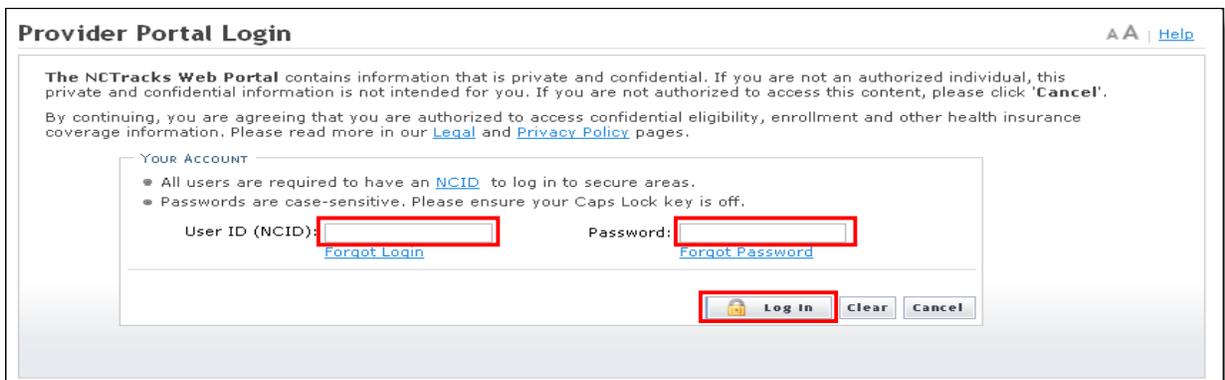


Exhibit 3. Provider Portal Login Page

ACCESSING THE MANAGE CHANGE REQUEST APPLICATION

1. The secure **Provider Portal Home** page displays. Select the **Status and Management** button.

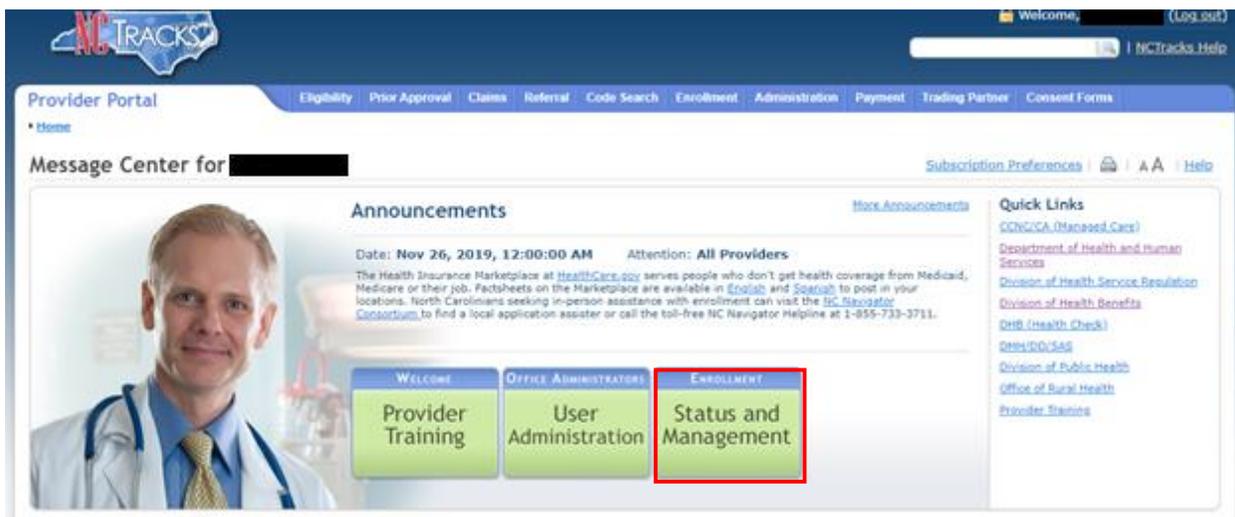


Exhibit 4. Secure Provider Portal Home Page

The **Status and Management** page displays.

Exhibit 5. Status and Management Page

Status and Management Page Sections

The **Status and Management** page contains the following sections:

- **Submitted Applications:** Displays a list of applications that have been previously submitted.
- **Saved Applications:** Displays a list of applications that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted. It will also be deleted if Fiscal Agent Operations (CSRA) makes a change to the provider record. If this occurs, you will receive a notification message when attempting to resume the application.
- **Re-enroll:** Lists provider accounts associated with the user’s NCID that have been terminated. The user can select an account to re-enroll, then select **Submit**.
- **Manage Change Request:** Allows the user to submit a Manage Change Request application for an active provider enrollment account.
- **Re-verification:** Allows the user to submit a required Re-verification application for a provider enrollment account.
- **Maintain Eligibility:** Allows the user to submit a required Maintain Eligibility application for a provider enrollment account.

- **Enrollment Specialist Applications:** Lists applications (Enrollment, Re-enrollment, Manage Change Request, Re-verification, and Maintain Eligibility) that the Office Administrator (OA) assigned to an Enrollment Specialist to complete.
- **Fingerprinting Required:** Allows the user to submit a Fingerprinting Required application for a provider enrollment account.

2. Scroll down to the **Manage Change Request** section.

Starting the Application

1. To begin a new Manage Change Request, select the radio button next to the National Provider Identifier (NPI) to be updated.
2. Select the **Update** button.

Note: If the **Manage Change Request** section reads 'NO DATA FOUND', it is possible that a Manage Change Request has already been created, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment application that is already in process.

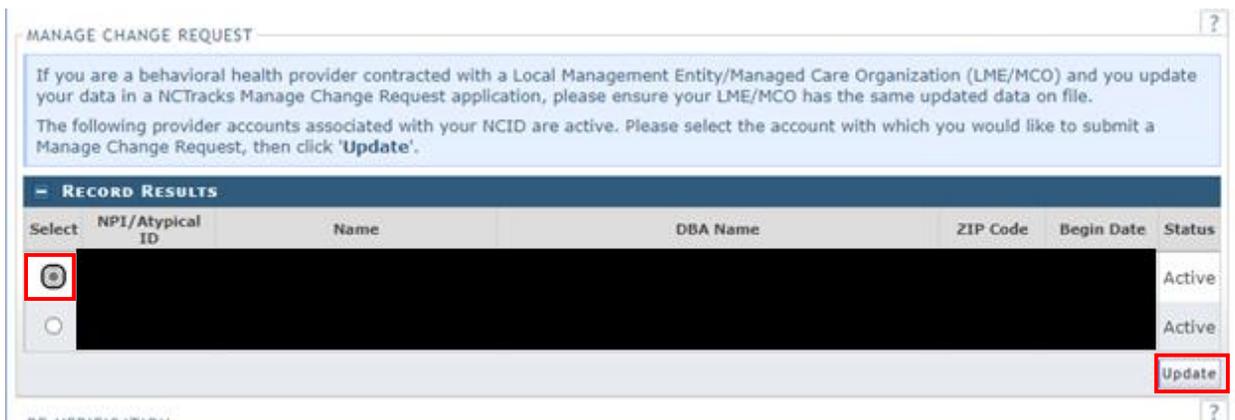


Exhibit 6. Status and Management Page – Manage Change Request Section

3. The **Requested Manage Change Request Type** page displays. Select the option **MANAGE CHANGE REQUEST: Complete multiple changes or review your complete provider record**.
4. Select the **Next** button.

Requested Manage Change Request Type

* indicates a required field

MANAGE CHANGE REQUEST TYPE

Select the type of Manage Change Request you would like to complete.

NPI/Atypical ID: [REDACTED]
Name: [REDACTED]

ORGANIZATION PROVIDERS

- BACK-DATING - ABBREVIATE MANAGE CHANGE REQUEST
Provider back-dating¹
- EFT - ABBREVIATE MANAGE CHANGE REQUEST
Update Electronic Funds Transfer (EFT) Account Information¹
- METHOD OF CLAIM, ELECTRONIC TRANSACTIONS - ABBREVIATE MANAGE CHANGE REQUEST
Add/Update Method of Claim and Electronic Transactions and/or Billing Agent Information¹
- MANAGE CHANGE REQUEST**
Complete multiple changes or review your complete provider record

¹Please have all information available, this application must be completed in one session.

Next »

Exhibit 7. Requested Manage Change Request Type Page

- The **Individual Basic Information** page displays. Select the **Next** button to continue.

Important: Do NOT select the hyperlinks on the left side of the page to advance to the next page. It is required that each box has a check mark before the Manage Change Request can be submitted. Instead, select the **Next** button in the bottom right corner of each page to navigate through the pages.

Provider Portal

Eligibility | Prior Approval | Claims | Referral | Code Search | **Enrollment** | Administration | Trading Partner | Payment | Consent Forms

Home > Provider Enrollment > Online Provider Enrollment Ap...

Provider Enrollment

NOTE: Data is not saved unless the "Next" button is activated.

Contact EVC Center

- Individual Basic Information
- Terms and Conditions
- Health/Benefit Plan Selection
- Addresses
- Taxonomy Classification
- Accreditation

Individual Basic Information

* indicates a required field

IDENTIFYING INFORMATION

Please be sure to complete all required fields with valid content.

Next »

Save Draft | Cancel Enrollment

First Name: WILLIAM
Suffix: -- Select One --
SSN: ***-**-2222
Provider ID: 1000000000

Exhibit 8. Individual Basic Information Page – Select Next

- On the **Terms and Conditions** page, to attest and accept Medicaid Terms and Agreements, select the **Attestation** checkbox. Select the **Next** button.

Attestation Statement

* ATTESTATION

I certify that the responses in this attestation and information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this attestation is signed. I have not herein knowingly or willfully falsified, concealed or omitted any material fact that would constitute a false, fictitious or fraudulent statement or representation.

« Previous

Please be sure to complete all required fields with valid content.

Next »

Exhibit 9. Terms and Conditions Page – Attestation

Adding Service Locations

On the **Addresses** page, to add an additional service location:

1. Select **Yes** to the question ‘**Do you have additional service locations?**’.
2. Enter the service location address in the **Address** fields.
3. Select the **Verify Address** button.

Note: To ensure the accuracy of the address, the system verifies the entered information against the United States Postal Service (USPS) database. If the address matches the USPS database, the **Addresses** page will refresh with the new address.

4. Select the **Add** button to add the service location.

Service Locations

Do you have additional service locations?
 Yes No

Service Locations

Add Service Locations

Please complete all the required fields and click the Add button.

Service Location Name:

Office Phone #: ext. Office Fax #:

Address

Address Line 1:

Address Line 2:

City:

State:

ZIP Code: County:

Begin Date:

Verify Address

Servicing Counties

Note to CCNC/CA providers: In addition to your county, please select the contiguous counties for which your practice will accept CCNC/CA enrollees.

County	County	County	County
<input type="checkbox"/> ALAMANCE	<input type="checkbox"/> ALEXANDER	<input type="checkbox"/> ALLEGHANY	<input type="checkbox"/> ANSON
<input type="checkbox"/> ASHE	<input type="checkbox"/> AVERY	<input type="checkbox"/> BEAUFORT	<input type="checkbox"/> BERTIE
<input type="checkbox"/> BLADEN	<input type="checkbox"/> BRUNSWICK	<input type="checkbox"/> BUNCOMBE	<input type="checkbox"/> BURKE
<input type="checkbox"/> CABARRUS	<input type="checkbox"/> CALDWELL	<input type="checkbox"/> CAMDEN	<input type="checkbox"/> CARTERET
<input type="checkbox"/> CASWELL	<input type="checkbox"/> CATAWBA	<input type="checkbox"/> CHATHAM	<input type="checkbox"/> CHEROKEE
<input type="checkbox"/> CHOWAN	<input type="checkbox"/> CLAY	<input type="checkbox"/> CLEVELAND	<input type="checkbox"/> COLUMBUS
<input type="checkbox"/> CRAVEN	<input type="checkbox"/> CUMBERLAND	<input type="checkbox"/> CURRITUCK	<input type="checkbox"/> DARE
<input type="checkbox"/> DAVIDSON	<input type="checkbox"/> DAVIE	<input type="checkbox"/> DUPLIN	<input type="checkbox"/> DURHAM

Add

Exhibit 10. Addresses Page

5. Select the **Next** button.

Service Locations Message

Note: Since a second service location has been added, the following message will display at the top of each page until the **Method of Claims Submission** page is reached. Each location should be shown as 'Complete' before proceeding to the next page.

Select	Location	Form Status
<input type="radio"/>	999 Front St, HIGH POINT, NC. (Primary Location)	Complete
<input type="radio"/>	2710 Wycliff Rd, RALEIGH, NC, 27607-3033	Incomplete

To complete information for each service location, select the appropriate location then click the "Edit Location" button.

[Edit Location](#)

Exhibit 11. Service Locations Message

Adding Taxonomy Codes

On the **Taxonomy Classification** page, to add a Taxonomy:

1. Under the **Add Taxonomy Classification** section, select the **Provider Type**.
2. Select the **Classification** (if available).
3. Select the **Area of Specialization** (if available).
4. Enter or select the **Begin Date**.
5. Select the **Add** button.
6. Select the **Save Location** button.
7. Select the **Next** button to proceed to the **Accreditation** page.

Exhibit 12. Taxonomy Classification Page

Adding Accreditation Information

On the **Accreditation** page, to add accreditation information:

1. Select the **License Agency**.
2. Select the **License Type**.
3. Select the **State** of the license.
4. Enter the **License #**.
5. Enter or select the **Effective Date**.
6. Select the **Add** button.
7. Select the **Save Location** button.

Note: Once the **Accreditation** page displays, the service locations message (shown in [Exhibit 11](#)) will be present and will default to update the new location. However, if a selection is made to update the existing service location, there will be an option to '**Copy this license to all service locations**'. Select the **Next** button. Continue to select the **Next** button until you reach the **Affiliated Provider Information** page.

The screenshot displays the 'LICENSURES' section of the application. It includes a header with instructions: 'If one or more licenses is required for your taxonomy, enter the licenses required fields and click the Add button.' Below this, it specifies the taxonomy '111N00000X - Chiropractor' and lists the required license type: 'Licensed Chiropractor By State Board of Chiropractic Examiners'. The main form area is titled 'LICENSE - LICENSED CHIROPRACTOR BY STATE BOARD OF CHIROPRACTIC EXAMINERS' and contains the following fields: License Agency (State Board of Chiropractic Examiners), License Type (Licensed Chiropractor), State (NORTH CAROLIA), License #, Effective Date (03/24/1998), and Expiration Date (01/01/0001). A checkbox labeled 'Copy this license to all service locations:' is present. At the bottom right of this section is an 'Add' button. Below this is another section titled 'LICENSE - STATE LICENSING ENTITY' with a sub-header 'Add License'. It contains fields for License Agency, License Type, State (NORTH CAROLIA), License #, Effective Date (mm/dd/yyyy), and Expiration Date (mm/dd/yyyy). At the bottom right of this section is a 'Save Location' button. At the very bottom of the page are navigation buttons: 'Previous', 'Next', 'Save Draft', and 'Delete Draft'. A note at the bottom right states: 'Please be sure to complete all required fields with valid content.'

Exhibit 13. Accreditation Page

- The **Affiliated Provider Information** page displays. To expand the page to display the search option, select **Yes** to the question 'Do you wish to link or affiliate with another enrolled provider?'

Affiliated Provider Information

* indicates a required field

* AFFILIATED PROVIDER INFORMATION

Do you wish to link or affiliate with another enrolled provider?

Yes No

Exhibit 14. Affiliated Provider Information Page

- Enter the Group/Organization NPI in the **NPI** search field.
- Select the **Lookup NPI** button.

Provider Enrollment Ap...

Affiliated Provider Information

* indicates a required field

AFFILIATED PROVIDERS

The affiliation allows this organization to bill and receive payment on your behalf.

Add Affiliated Provider

Enter organization's NPI and click 'Lookup NPI'.

* NPI: 0000000000 **Lookup NPI**

Legend

Save Draft Delete Draft

Please be sure to complete all required fields with valid content.

Previous Next

Exhibit 15. Affiliated Provider Information Page – Lookup Group/Organization NPI

Adding the Group/Organization NPI

- The search results display. Select the checkbox(es) next to the appropriate provider location(s).

Note: The provider organization to which you are affiliating must first be enrolled in Medicaid. If you are not able to locate the provider record using the search criteria, check with the provider organization to ensure their enrollment has been fully completed and approved.

- Select the **Add** button.

The screenshot shows the 'Affiliated Provider Information' page. At the top, there is a navigation bar with tabs: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Trading Partner, Payment, and Consent Forms. Below the navigation bar, the page title is 'Affiliated Provider Information'. A legend indicates that an asterisk (*) denotes a required field. The main content area is titled 'AFFILIATED PROVIDERS' and contains instructions: 'The affiliation allows this organization to bill and receive payment on your behalf.' Below this, there is a section for 'Add Affiliated Provider' with a text input field for 'Enter organization's NPI and click 'Lookup NPI''. There is an 'NPI:' field with a red asterisk and a 'Lookup NPI' button. Below that is an 'Organization Name:' field. A note says '* Please select locations of affiliated provider.' Below this is a table with a header 'Location'. The first row of the table has a checked checkbox in the first column and a red box around the entire row. An 'Add' button is located at the bottom right of the table area.

Exhibit 16. Affiliated Provider Information Page – NPI Search Results

3. A new section for the provider is added and is marked with a dark blue bar, as shown in the following exhibit. To review the provider, select the plus sign to expand the section.

The screenshot shows the 'Affiliated Provider Information' page after completion. The 'AFFILIATED PROVIDERS' section now displays a table with one entry: 'AFFILIATED PROVIDER ([redacted])'. This entry is highlighted with a dark blue bar and has a plus sign icon to its left. Below this table, there is an 'Add Affiliated Provider' section with an input field for 'Enter organization's NPI and click 'Lookup NPI'', an 'NPI:' field with a red asterisk, a 'Lookup NPI' button, and an 'Add' button. At the bottom of the page, there are navigation buttons: 'Previous', 'Next', 'Save Draft', and 'Delete Draft'. A note at the bottom right says 'Please be sure to complete all required fields with valid content.'

Exhibit 17. Affiliation Completed

The affiliated provider details display.

4. To remove the provider affiliation, select the **Delete** button.

Note: The **Delete** button is ONLY available until you submit the Manage Change Request application. Once a provider affiliation has been processed, the affiliated provider cannot be completely removed from the individual provider record. The affiliation can only be [end-dated](#).

The screenshot shows the 'Affiliated Provider Information' page. At the top, there is a navigation bar with tabs: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Trading Partner, Payment, and Consent Forms. Below the navigation bar, the page title is 'Provider Enrollment Ap...' and 'Affiliated Provider Information'. A legend indicates that a red asterisk (*) denotes a required field. The main content area is titled 'AFFILIATED PROVIDERS' and includes a sub-section for 'AFFILIATED PROVIDER (HOME CARE)'. This section displays the following information: NPI: [REDACTED], Organization Name: HOME CARE, and Location: 2020 LUMBERVILLE RD, LUMBERTON, NC 28358-2112. At the bottom right of this section, the 'Edit' and 'Delete' buttons are highlighted with a red box. Below this, there is a section for 'Add Affiliated Provider' with a text input field for 'Enter organization's NPI and click 'Lookup NPI''. A red asterisk is next to the 'NPI:' label, and the input field contains '0000000000'. A 'Lookup NPI' button is next to the input field, and an 'Add' button is at the bottom right.

Exhibit 18. Deleting an Affiliated Provider

End-Dating the Group/Organization Affiliation

Note: Once a provider affiliation has been processed, the affiliated provider cannot be completely removed or deleted from the individual provider record. The affiliation can only be end-dated.

1. To edit the provider record to end-date the affiliated provider, select the **Edit** button.

The screenshot shows the 'Affiliated Provider Information' page. At the top, there is a navigation bar with tabs: Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Trading Partner, Payment, and Consent Forms. Below the navigation bar, the page title is 'Provider Enrollment Ap...' and 'Affiliated Provider Information'. A legend indicates that a red asterisk (*) denotes a required field. The main content area is titled 'AFFILIATED PROVIDERS' and includes a sub-section for 'AFFILIATED PROVIDER (BEHAVIORAL HEALTH SERVICES)'. This section displays the following information: NPI: [REDACTED], Organization Name: [REDACTED], and a table with columns: Location, Begin Date, End Date, New Begin Date, and New End Date. The table contains one row with the following data: Location: [REDACTED], Begin Date: 06/01/2005, End Date: 12/31/9999, New Begin Date: [REDACTED], and New End Date: [REDACTED]. At the bottom right of this section, the 'Edit' button is highlighted with a red box. Below this, there is a section for 'Add Affiliated Provider' with a text input field for 'Enter organization's NPI and click 'Lookup NPI''. A red asterisk is next to the 'NPI:' label, and the input field contains '0000000000'. A 'Lookup NPI' button is next to the input field.

Exhibit 19. Select Edit

2. Select the **End Date** and select the **Save** button.

Exhibit 20. Select End Date

3. Select the **Next** button to continue.

REVIEWING THE MANAGE CHANGE REQUEST

1. The **Review Application** page displays. On the left side of the page, verify that each listed application page has a green check mark. In addition, verify the contact email address listed on the page. The email address can be updated on the **Basic Information** page, if necessary.
2. To review the application in Adobe PDF format, select the **Review Application** button. Select the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

Exhibit 21. Review Application Page

Navigation Error

Note: All pages must be reviewed prior to continuing. If you receive the following error, select the pages that do not have check marks and select **Next** to navigate through each page.

Error Summary



Please fix the following errors before you proceed.

- **Please complete all pages in this application before proceeding.**

Provider Enrollment

NOTE: Data is not saved unless the 'Next' button is activated.

[Contact EVC Center](#)

- [Organization Basic Information](#)
- [Terms and Conditions](#)
- [Health/Benefit Plan Selection](#)
- [Ownership Information](#)
- [Addresses](#)
- [Taxonomy Classification](#)
- [Accreditation](#)

Review Application

* indicates a required field

ELECTRONIC SIGNATURE - EMAIL CONFIRMATION

- Please confirm that the email address below is correct submitting the next page. You will need access to this
- If the email below is incorrect, you may now navigate (change.)

Contact Email: _____

REVIEW APPLICATION

To review your application in Adobe PDF format, click 'Re

Exhibit 22. Review Application – Incomplete Pages

SIGNING AND SUBMITTING THE MANAGE CHANGE REQUEST

The **Sign and Submit Electronic Application** page displays. To submit the Manage Change Request:

1. Enter the **NCID** and **Password**.
2. Enter the **PIN**.
3. Select the **Submit Now** button.

Sign and Submit Electronic Application

* indicates a required field

Legend

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploaded documentation.

ELECTRONIC SIGNATURE CONFIRMATION

Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

* Login ID (NCID): [Forgot Login ID](#) * Password: [Forgot Password](#)

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to CAMERONSMITHTRAIN@GMAIL.COM. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
- If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSC EVC Center at 866-844-1113 if you have any trouble with your Electronic Signature PIN Number.

* PIN: [Forgot PIN](#)

Please review the documents you are going to electronically sign.

ONLINE APPLICATION SUBMISSION

You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.

Note: If you click 'Submit Later' button, electronic signature information and the attached files will not be saved.

Exhibit 23. Sign and Submit Electronic Application Page

PRINTING THE APPLICATION

The **Final Steps** page displays. If desired, select the hyperlinks on this page to print or save a copy of the application or cover sheet in PDF format.

Final Steps

* indicates a required field

Legend

ONLINE SUBMISSION COMPLETE

Thank you for submitting the online portion of your application.
Please save/print the following documents for your records

- [Online Application](#)
- [Cover Sheet](#)

Now that you have submitted your online application, you will not be able to retrieve the application or reprint application documents.

Under the Federal Guidelines of the Affordable Care Act it may be necessary to collect an additional fee provided you have not paid this fee in your domiciled State or to the Medicare program vendor. If collection or proof of payment of this fee is required, you will be contacted during the credentialing process of your application.

Exhibit 24. Final Steps Page

APPLICATION STATUS

To verify the status of the Manage Change Request, navigate to the **Status and Management** page in NCTracks. If the affiliation was the only change made to the individual provider record, the Status should read **Approved**. This indicates that the affiliation has been completed. If adding service locations and/or making other changes to the individual provider’s record, the Status may read **In Review**. This indicates that the other changes require CSRA to review or credential the Manage Change Request. You may check periodically to review the status.

Status and Management

Welcome to Provider Enrollment Status and Management
Please choose from the options below to manage your enrollment status.

SUBMITTED APPLICATIONS

Below is the status of applications you have submitted.
If status is Payment Pending, we have received initial confirmation from Paypoint that your payment was confirmed; it may take up to 48 hours to verify the payment. If status is Pay Now, your NC Application Fee payment was not made or failed; click Pay Now to make payment.

NPI/Atypical ID	Name	Application Type	Submit Date	Status
		Enrollment	07/02/2013	Payment Pending
		Enrollment	07/01/2013	Payment Pending
		Enrollment	06/24/2013	Payment Pending
		Enrollment	05/20/2013	Approved
		Enrollment	05/13/2013	In Review
		Re-verification	05/13/2013	In Review
		Enrollment	05/12/2013	Pay Now

Exhibit 25. Status and Management Page – Application Status